

# **WASHINGTON PUBLIC HEALTH PRACTICE-BASED RESEARCH NETWORK**

## **(1) PROJECT GOALS & OBJECTIVES**

### **Introduction**

Despite many years of practice and significant expenditures on public health programs by all levels of government, evidence regarding the best ways to organize, finance, and deliver public health services at the local level is lacking. The Washington Public Health Practice-Based Research Network (Washington PBRN) brings together local public health jurisdictions, the University of Washington and the Washington State Department of Health to identify and address key research questions that directly affect the delivery of public health services in Washington and the effectiveness of public health services in improving the health of the communities in Washington.

In the clinical world, practice-based research networks have been an effective mechanism for conducting rigorous applied research and for translating that research into everyday practice that improves health care and health outcomes. The Washington PBRN will learn from the methodologies that have been developed for the clinical PBRNs and modify these methodologies to evaluate local public health services and systems.

### **Washington PBRN Goals and Objectives**

The overarching goal of the Washington PBRN is to improve the delivery of public health services through the pursuit of research questions of critical interest to the practice community and the effective translation of these research findings into improved public health outcomes. Our focus will be the practice issues that confront local governmental agencies delivering public health services. In Washington, the responsibility for public health has been delegated to local county government. The core practice partners of the Washington PBRN represent typical local county health departments and the state health department overseeing their efforts.

Our specific objectives for funding received under this application are to:

1. Establish a sustainable network of public health department practitioners and University of Washington research partners.
2. Develop an infrastructure to assure smooth functioning of the PBRN.
3. Identify and prioritize current and emerging practice-based research questions common to these health departments and research partners.
4. Identify and describe barriers to translating research findings into practice.
5. Develop and execute an initial small scale Washington PBRN investigation.
6. Identify and pursue additional grant opportunities to address prioritized research questions and translate research findings into practice settings.
7. Assist in the development of a multi-site national collaborative, including participating in the conduct of a multi-network research project.

8. Develop a sustainability plan for the Washington PBRN beyond the original funding period.

## **(2) ORGANIZATIONAL STRUCTURE**

### **Washington PBRN Organizational Structure**

We have chosen to focus the initial membership of the Washington PBRN on mid- and large-sized health departments within a single state. We believe that focusing on local health departments resourced to provide a broad array of services to a substantial population will provide a common framework that will facilitate clear, efficient, and useful evaluation of key practice and health department variation issues. This will minimize confounders such as large differences in capacity or community characteristics. We are also including the Washington State Association of Local Public Health Officials (WSALPHO) as a partner to potentially enable inclusion of smaller rural local health departments in Washington for selected issues. In the future, depending on our evolution and future funding, we may consider expanding the PBRN to other Northwest states (e.g. Oregon). The proposed membership of the Washington PBRN (see Appendix C for biographies) includes:

#### **Nine Local Health Jurisdictions**

- Benton/Franklin County Health Department: population 230,300; budget \$9.1M; 103 FTE; Larry D. Jecha, MD, MPH, Health Officer. <http://www.clark.wa.gov/health/index.html>
- Chelan-Douglas County Health Department: population 107,500; budget \$4.2M; 54 FTE; Barry Kling, MSPH, Director. <http://www.cdhd.wa.gov/>
- Clark County Health Department: population 415,000; budget \$13.5M; 137 FTE; John Weisman, MPH, Director. <http://www.clark.wa.gov/health/index.html>
- Kitsap County Health Department: population 244,800; budget \$11.6M; 126 FTE; Scott Lindquist, MD, MPH, Director. <http://www.kitsapcountyhealth.com/index.htm>
- Public Health - Seattle & King County: population 1,861,300; budget \$296M; 1,513 FTE; David Fleming, MD, Director & Health Officer. <http://www.metrokc.gov/health/>
- Snohomish Health District: population 686,300; budget \$20.5M; 225 FTE; Gary Goldbaum, MD, MPH, Director & Health Officer. <http://www.snohd.org/>
- Spokane Regional Health District: population 451,200; budget \$22.6M; 226 FTE; Torney Smith, Administrator. <http://www.srhd.org/>
- Tacoma-Pierce County Health Department: population 790,500; budget \$32.9 M; 304 FTE; Laurie Jinkins, Interim Director. <http://www.tpchd.org/index.php>

- Thurston County Public Health & Social Services Department: population 238,000; budget \$11.3M; 105 FTE; Sherri McDonald, RN, MPA, Director. <http://www.co.thurston.wa.us/health/welcome.html>

**Washington State Association of Local Public Health Officials (WSALPHO):** Jeff Killip, JD, MPH, Managing Director. <http://www.wacounties.org/wsalpho/>

**Washington State Department of Health (DOH):** Mary Selecky, Secretary of Health; Marie Flake, MPH, BSN, Director, Office of Public Health Systems, Planning & Development. <http://www.doh.wa.gov/>

**University of Washington, School of Public Health and Community Medicine's Northwest Center for Public Health Practice:** Susan Allan, MD, JD, MPH, Director <http://www.nwcp.org/>

**University of Washington, School of Nursing:** Bobbie Berkowitz, PhD, RN, FAAN, Alumni Endowed Professor of Nursing, Interim Department Chair, Dept. of Psychosocial and Community Health; Betty Bekemeier, PhD, MPH, MSN, RN, Assistant Professor, Dept. of Psychosocial and Community Health, <http://www.son.washington.edu/>

## **Lead Organization**

**Public Health - Seattle & King County (PHSKC):** PHSKC will be the designated lead agency. PHSKC has a long history of successful academic-practice partnerships with the University of Washington (UW) and has maintained an Academic Health Department Project for the last five years. PHSKC has the infrastructure and intellectual resources to convene the network and guide it in the development of research questions, methods, data collection and analysis. Many staff hold faculty appointments at the UW and have partnered with the UW on large research projects. [www.metrokc.gov/health](http://www.metrokc.gov/health)

David Fleming, Director & Health Officer, will serve as the PBRN Director. Dr. Fleming's history as State Epidemiologist in Oregon, Deputy Director of CDC, Director of Global Health Strategies at the Bill and Melinda Gates Foundation and now as Director for Public Health - Seattle & King County makes him well qualified to oversee this project. Dr. Fleming has significant experience as the principal investigator of service and research grants and as a grantor of funds at CDC and the Bill and Melinda Gates Foundation. The PBRN Coordinator and Co-Project Director at Public Health - Seattle & King County will support the PBRN Director. Individual research projects will be managed by designated project directors who will maintain reporting relationships with the network director. Senior faculty and staff from member institutions will serve as project directors.

## **Roles and Responsibilities of Key Network Participants**

**Steering Committee:** The network will be governed by a steering committee of selected participants drawn from University of Washington, DOH, Public Health - Seattle & King County and other local health jurisdictions. The network will use a

distributed leadership model for the planning and conduct of individual studies. The steering committee will establish strategic direction for the network, make decisions regarding research priorities, and oversee the quality and integrity of the research process as well as the dissemination of research findings.

**Local Health Jurisdictions (LHJs):** The directors of the nine largest LHJs in Washington have enthusiastically agreed to participate in the WA PBRN. They serve as the core practice base and population for study and will play a critical role in identifying research questions. The departments routinely work together on the full range of public health issues. They serve diverse populations and public health staff and are poised to function as laboratories for our practice-based research and the translation of research findings. They also have ready access to local data to inform research questions and design. Each participating LHJ will designate a research liaison to serve as the agency's primary point of contact for the Washington PBRN and to facilitate the agency's involvement in research activities. Once established, the Washington PBRN members will hold quarterly meetings/web conferences to update members on ongoing research progress, discuss problems and potential solutions in research operations, identify new research ideas and translation opportunities, and review potential funding prospects.

**Washington State Association of Local Public Health Officials (WSALPHO):** WSALPHO will coordinate activities and policies across LHJs and with the state. This organization of local public health officials serves as a well-established vehicle for legitimizing Washington PBRN activities among all LHJs, soliciting and maintaining LHJ participation, and for disseminating and translating WA PBRN research findings directly to LHJ directors who meet together often and communicate on a regular basis. WSALPHO will also serve as the lead convener in selectively engaging smaller rural LHJs, as appropriate.

**Washington State Department of Health (DOH):** The DOH's role will be to serve as the overarching state-based practice agency providing cross-jurisdiction coordination, technical assistance, and policy guidance.

**University of Washington partners -- School of Public Health and Community Medicine's Northwest Center for Public Health Practice (NWCPHP); School of Nursing:** The mission of the Northwest Center for Public Health Practice is to improve the quality and effectiveness of public health practice by linking public health academic and practice communities. The NWCPHP works closely with researchers from different fields and has submitted several grant proposals for Public Health Systems and Services Research. The UW School of Nursing is the nation's No. 1 nursing school and a national and international leader in improving health through education, research and service. The School is a major research center and has a well-developed system of investigational support to its faculty

The University of Washington partners will be primarily responsible for helping identify research questions capable of advancing our understanding of how public health systems can best improve health. They will conduct rigorous and applicable research that is of immediate value to the practice community and assist with data analysis and identifying grant resources. Their unique position within the University will expand research capacity by facilitating student involvement in research. They will participate

in the translation of research findings into practice settings, disseminate research findings and methodologies to other researchers, policy-makers and decision-makers, and link with other Public Health Systems and Services Research activities in the Pacific Northwest. The NWCPHP can also provide technical and operational support for use of its web-based conferencing systems (iLinc).

The University of Washington partnering schools and centers have enjoyed productive research partnerships with PHSKC, other Washington State local health jurisdictions, and the DOH for many years. These partners have particular interests and experience in community-based participatory research and systems research. Their faculty has been actively involved in the development of this proposal.

## **Prior Collaboration**

In Washington State, we have a strong history of collaboration among the key public health partners. We anticipate that the Washington PBRN will be able to start quickly because of these pre-existing relationships. Among the many collaborative projects between these partners, one example is the work between DOH and WSALPHO to develop and implement a new regional system for planning, implementing and overseeing emergency preparedness and response work across the state. DOH, LHJs, WSALPHO, and UW have also collaborated on the Public Health Improvement Partnership (PHIP) <http://www.doh.wa.gov/PHIP/default.htm> to create and implement processes and tools such as: standards for public health in Washington, local public health indicators, public health financing studies, primary research to inform the development of a public health communication campaign, and enumeration of the public health workforce.

The local health jurisdictions work with each other individually as well. Two recent examples include Chelan-Douglas Health District (CDHD) collaboration with the Tacoma-Pierce County Health Department on a MRSA surveillance project and Kitsap County Health Department coordination of the Snohomish Health District (SHD) tuberculosis program and provision of monthly TB clinics for the SHD population.

The University of Washington has worked with individual LHJs on a variety of research projects. Snohomish Health District (SHD) collaborated with UW to identify the current state of and resources for early childhood development in Snohomish County. Public Health - Seattle & King County (PHSKC) and UW also have collaborated on numerous research projects, such as evaluation of the King County STEPS to Health <http://www.metrokc.gov/health/steps/> and REACH <http://www.metrokc.gov/health/reach/> programs at PHSKC (funded by the CDC). Of note, in 2004 the University of Washington School of Public Health and Community Medicine (UW SPHCM) and PHSKC received a grant from the Associated Schools of Public Health to establish an academic health department project (AHD). The AHD increased academic-practice linkages within UW SPHCM, primarily through teaching and practicum experiences. The PBRN will add a much-needed research focus to the AHD.

Many of the activities of *Northwest Center for Public Health Practice* at the UW demonstrate experience with partnerships and subject matter that will support the

ability of a Practice-Based Research Network to begin operating quickly and effectively. Selected activities include:

- Creation of the Northwest Regional Network Steering Committee (RNSC) to address workforce issues of shared concern, using the strategies outlined in the CDC/ATSDR Strategic Plan for Public Health Workforce Development. The RNSC serves as a sounding board and planning group for regional public health practice activities and provides a forum for creating a regional strategy for public health workforce development. Partners share information on their workforce research, education and training needs and projects and collaborate on regional planning to address public health practice needs.
- Joint training and assessment activities with the Northwest Portland Area Indian Health Board (NPAIHB). The NPAIHB provides training and other support for 43 member tribes in the states of Washington, Idaho, and Oregon.
- Development of 14 self-paced, online courses on public health topics such as Basic Infectious Disease Concepts in Epidemiology, Data Interpretation for Public Health Professionals, Emergency Risk Communication for Public Health Professionals, and Effective Communication for Environmental Public Health.
- Provision of trainings to more than 7,500 learners through NWCPHP online courses.
- Development and support of several communication tools vital to discussion, dissemination of information and training, and translation of research. These established tools are already well used by public health practitioners around the Northwest and include interactive web-based sessions via iLinc, a practice-based journal *Northwest Public Health*, the Summer Institute for Public Health Practice, and other communication sources described later in this proposal.

### **(3) RESEARCH INTERESTS & EXAMPLES OF STUDIES**

#### **Research Interests**

The core research interests of the Washington PBRN are the cross-jurisdictional public health practice issues relevant to front-line public health service delivery. The strength of this network is the scope of services and communities of its core practice partners. This broad network will support potential investigations that span a wide range of activities - from traditional infectious disease and environmental health programs - to address emerging issues of preparedness, healthy eating/active living, and social determinants of health.

Identifying research questions capable of advancing our understanding of how public health systems can best improve health is central to the success of the network. Public health practitioners must have an active role in identifying research agendas; they must believe that research findings are applicable to their work and that the resulting practice modifications are feasible. Our network will initially focus on

identifying questions and discussing barriers to conducting practice-based research and translating research findings into practice. Because some network members have already begun working together on these issues, we have a good sense of shared research interests.

## Examples of Studies

Examples of long-term research question focus areas include:

1. **Infectious Disease Control Practice Variation:** What is the nature of variation in reportable disease investigation and management practices across local health jurisdictions and what are the characteristics of systems with the most efficient and timely practices?
2. **Impact of Funding on State and Local Health Indicators:** Efforts to increase funding for local public health have resulted in state funding linked to specific legislatively-mandated performance measures for the system as a whole. What changes in state and local health indicators can be attributed to specific funding patterns and public health activities, specifically those resulting from the Governor's Blue Ribbon Commission on Health Care Costs and Access (Senate Bill 5930)?
3. **Quality Improvement Processes:** What processes are underway in our local health jurisdictions and what are the characteristics of excellent quality improvement processes? What tools are being used in LHJs to measure system performance and what variations in performance exist? What can variations in LHJ system performance be associated with?
4. **Health Disparities:** Like most large and mid-sized health jurisdictions, health disparities among racial, ethnic and socio-economic groups greatly impact the health of our residents. What public health practice variations exist that positively or negatively impact health disparities? Are disparity-focused practices evidence-based?
5. **Assessment of Tools for Community Health Assessment:** Local health jurisdictions should use the most up-to-date analytic techniques for creating an impact with community health assessment. What are the current community health assessment techniques being used in our state? How are the results communicated and what is their local public health impact?
6. **Public Health Workforce Competency:** Instruments already exist to measure public health worker competencies. Using an established or modified instrument, what are the gaps in training and education among our public health workforce? What are their strengths and weaknesses? What relationships exist between public health worker competency and LHJ performance?

We plan to engage the consultants identified by the National Coordinating Center to assist in two areas: the development of a functional public health PBRN (drawing from the experience and lessons of the clinical PBRNS); and the process for identifying

research questions of importance to the practice community and using the PBRN partnerships to conduct the research. The consultants will be able to help us identify public health systems and services research questions that are fundable and meaningful to network members. They will also be able to provide methodological support both to the development of the network and for the development of grant applications and research protocols.

The scope of our network positions us to compete for diverse funding and to more directly align projects to granting organizations' specific interests. We have immediate access to core public health data sets, including birth and death certificates, administrative data sets such as hospital discharge summaries, patient registries such as communicable disease reports and immunizations, and behavioral survey data such as the Behavioral Risk Factor Surveillance System. With our research partners, we can conduct a wide range of studies, including comparative case studies, large scale observational studies, and intervention studies and community trials. This flexibility of scope and type of study is a key element of our long term sustainability strategy.

## **Proposed Small Scale Research Project**

As stated above, we know that a common area of interest is examining practice variation in autonomous health departments that are linked by common regional problems and a common administrative structure. Washington has a long history of system-wide public health planning and public health improvement, but also fiercely independent health departments that take great pride in the conventional perception that "if you've seen one health department, you've seen one health department." Evaluation of the extent and effects of practice variation in reportable disease investigations is a current major priority across the state. This theme of practice variation is a concept that can extend easily across many other emerging public health interests, such as approaches to health disparities and social determinants, chronic disease prevention, use of local Boards of Health, workforce and staffing, use of flexible state and local funding, and sophistication in promoting policy as a public health tool.

A simple project that would provide an early research focus for the Washington PBRN would be a descriptive study of the differences in approaches to reportable disease investigations across Washington jurisdictions. This would include not only differences in the timeliness and completeness of investigations, but also, and more importantly, the nature of protocols for case investigation, administration of prophylactic medications or immunizations, and exclusion criteria for daycare, school and work. This information would serve as the basis for the statewide goal to standardize these protocols across jurisdictions.

We envision a descriptive research project that focuses on a select list of communicable diseases. With assistance from the National Coordinating Center consultants, we will develop a simple research protocol and questionnaire soliciting practices for specific communicable disease investigation and control. We will determine areas of consistency and identify key areas of practice variation. We may use this work as a foundation for seeking additional funds to link practices to outcomes so that we can identify and export best practices locally and nationally.



This small scale project will provide an early opportunity for network members to collaborate on practice-based research, setting the stage for more comprehensive and outcome based research as the network evolves.

## **(4) PROPOSED ACTIVITIES**

### **Activities**

The following activities will engage the network in research development, implementation, and translation processes:

1. Identify practice questions
2. Identify barriers to conducting practice-based research and translating research into practice
3. Identify and seek funds to answer questions
4. Identify existing research to answer questions
5. Implement a small research project
6. Translate research findings into practice through active dissemination

### **Mechanisms**

The following mechanisms will be used to carry out the activities outlined above:

**Steering Committee:** The Steering Committee will meet semi-annually.

**Retreat:** A one-day retreat will kick off the Washington PBRN. The goal will be to further develop and clarify the organizational structure, select a steering committee, define the scope of work for the two-year grant period, and begin to identify areas of common research interests. Participants will include the directors of all member agencies, as well as their designed research liaison.

**Quarterly half day meetings/video conference:** These will focus on topic areas of general interest to members, building a base of common knowledge and sharing best practices. Topics might include: translating research findings into practice, specific substantive areas of research, funding strategies, identifying and addressing barriers to research and translation, expanding research capacity through the involvement of students, and strategies for the evolution and sustainability of the network. As interest areas develop, interested network members will meet as ad hoc subcommittees.

**Communication:** Communication methods will be determined (e.g. listserv, website, discussion forums, blog).

**Consultation with RWJ advisors:** Technical assistance regarding framing research, mechanics of sustaining networks when there are few financial resources, best practices from the experiences of other networks, assistance with identifying fundable and meaningful questions and identifying sources of funding for research, assistance with methodology for our small research project.

**Small Research Project Coordination:** The small research project identified for this funding period will be coordinated centrally at PHSKC, but will require strong involvement from University of Washington and LHJ partners. The research effort will be carried out in year one of the grant.

## **Timeline**

### **YEAR 1 (2009)**

#### ***January-June***

- Select Steering Committee, lead agency staff and research liaisons
- Hold semi-annual Steering Committee meeting
- Hold full day kick-off retreat for all PBRN members
- Design communication vehicles (listserv, website, discussion forums, blog)
- Establish infrastructure for writing grants
- Hold one quarterly meeting/video conference
- Plan and implement small research project
- Consult with RWJ advisors (up to 5 days total)
- Attend 1.5 day conference (Keeneland Conference on Public Health Systems and Services Research, Lexington, KY), 2 PBRN members

#### ***July-December***

- Convene one Steering Committee meeting
- Complete small research project
- Consult with RWJ advisors (up to 5 days total)

### **YEAR 2 (2010)**

#### ***January-June***

- Convene one Steering Committee meeting
- Convene one PBRN semi-annual meeting/video conference
- Consult with RWJ advisors (up to 5 days total)
- Disseminate small research project findings at the Washington State Public Health Association Conference and via communication systems through the NWCPHP
- Attend 1.5 day conference (Keeneland Conference on Public Health Systems and Services Research, Lexington, KY), 2 PBRN members

#### ***July-December***

- Convene one Steering Committee meeting
- Convene one PBRN semi-annual meeting/video conference
- Consult with RWJ advisors (up to 5 days total)

## **(5) RESEARCH QUALIFICATIONS**

Washington is home to some of the finest public health, nursing and medical schools in the nation. Faculty at the School of Public Health and School of Nursing have been

actively involved in public health systems and services research and are eager to expand their work through stronger local partnerships.

**University of Washington School of Public Health and Community Medicine (SPHCM):** The SPHCM is a national leader in public health education and research. It ranked fourth in the nation in the 2003 *U.S. News and World Report* graduate school survey, second among public institutions. The school is recognized worldwide for its interdisciplinary research in infectious diseases, chronic diseases such as cancer and heart disease, health care delivery and services, and innovative biostatistical methodologies. The Institute for Scientific Information (ISI) recently honored seven SPHCM faculty members for being among the 228 most influential and highly cited researchers in the world. In 2007, the school's five departments and thirty interdisciplinary research centers were awarded more than \$85 million in research grants and contracts.

**University of Washington, School of Public Health and Community Medicine's Northwest Center for Public Health Practice (NWCPHP):** The NWCPHP has 18 years of experience connecting the public health agencies and practitioners in six Pacific Northwest states (Alaska, Idaho, Montana, Oregon, Washington, and Wyoming) and the Northwest Portland Area Indian Health Board with the resources of the UW School of Public Health and Community Medicine. Faculty affiliated with the NWCPHP have engaged in many types of practice-based research, primarily related to emergency preparedness and epidemiology. The NWCPHP works closely with researchers from different fields and has submitted several grant proposals for Public Health Systems and Services Research.

**University of Washington, School of Nursing:** The UW School of Nursing is the nation's No. 1 nursing school and a national and international leader in improving health through education, research and service. The school is a major research center and has a well-developed system of investigational support to its faculty, as well as a strong track record for translating research to practice and close relationships with the public health practice community.

Bobbie Berkowitz, PhD, RN, FAAN, Alumni Endowed Professor of Nursing, Dept. of Psychosocial and Community Health has an impressive history of practice-based research and public health system improvement initiatives. As Director of the National Turning Point Initiative from 1996 to its completion in 2006, Dr. Berkowitz led a national laboratory of sorts, coordinating the work of 21 states funded to implement innovative strategies that would dramatically improve the infrastructure in their state and local public health systems. This initiative's successes included the strong support of Turning Point states in their use of evidence based practices and the translation of research into practice. Betty Bekemeier, PhD, MPH, MSN, RN, Assistant Professor, Dept. of Psychosocial and Community Health, is a public health systems researcher with a long history of working in and with state and local health departments. Among her research activities, she was recently awarded the Pfizer Public Health Scholars Fellowship and is studying the relationship of local health department program activities and its workforce mix to changes in Black versus White mortality disparities over time. Dr. Bekemeier served as Deputy Director of the Turning Point National Initiative from 2002 to 2006 and led the initiative's research activities. The dissemination and translation of research findings from Turning Point has directed

public health practitioners and policy-makers to better leverage funding resources, sustain public health system improvements and maximize public health partnerships.

**Public Health - Seattle & King County (PHSKC):** Public Health - Seattle & King County (PHSKC) will convene the practice-based research network and guide the development of research questions, methods, data collection and analysis. PHSKC employs distinguished researchers in many areas of public health, including emergency medical services, prevention and control of infectious diseases and sexually transmitted infections, emergency preparedness and biodefense, community health assessment, and interventions to reduce health disparities. Cutting-edge investigations are led by a team of dedicated public health researchers who are well represented in peer-reviewed journals, academic institutions, and local, national and international advisory committees and work groups.

PHSKC's Assessment, Policy Development and Evaluation (APDE) unit is a nationally recognized leader in community health assessment. APDE'S primary role is to provide health assessment data and analysis to inform planning, policies, and actions, and develop innovative interventions that improve the health of King County residents. Analysis and elimination of health disparities is central to the work of PHSKC. In partnership with community organizations and agency staff, PHSKC uses and has developed state-of-the-art techniques for the collection and analysis of data, and the development and assessment of effective population-based interventions.

PHSKC has led many practice-based research collaborations with universities, other levels of government, and community partners. For example, Dr. James Krieger of PHSKC was the principal investigator of Seattle Partners for Healthy Communities—a multidisciplinary collaboration of community agencies, community activists, public health professionals, and academics to improve the health of marginalized Seattle communities by conducting community-based participatory research to implement and evaluate interventions that addressed social determinants of health. Dr. Matt Golden of PHSKC is currently leading a three-year, community-level randomized controlled trial of expedited partner therapy for gonorrhea and chlamydia. This trial is a partnership between the Washington State Department of Health, local public health departments, the University of Washington, and local pharmacy chains. Each is an example of the department's ability to secure grants and conduct collaborative, practice-based research studies.

## **(6) TRANSLATING & DISSEMINATING RESEARCH FINDINGS**

The network will conduct and utilize research that will benefit public health systems well beyond this Washington-based network and beyond the Northwest. The first priority for dissemination of these research findings and the proliferation of evidence needed to drive a more effective practice will be to state and local public health practitioners and related decision- and policy-makers. The NWCPHP and the network already have a well-established communication system for delivering training, research, and evidence-based practices. The PBRN will utilize many of these mechanisms described below:

- On-line learning, including Hot Topics in Preparedness. This is a monthly, online, hour-long forum on topics of crucial importance to the public health practice community. The NWCPHP estimates that approximately 1,500 practitioners participate live in this monthly series per year and 500 visit the archived sessions via our website.
- Regular conferences, including the APHA Annual Meeting, the Washington State Public Health Association Conference and the NACCHO and/or ASTHO conferences.
- The NWCPHP Summer Institute for Public Health Practice just completed its 17<sup>th</sup> year and provides an opportunity for the practice community to experience the Institute's excellent instruction by nationally recognized faculty and further their knowledge and strengthen their practice connection. To date, the NWCPHP has trained over 1,500 public health professionals nationwide.
- Local public health list serves.
- A local public health practice journal. The NWCPHP is the home of *Northwest Public Health* the only journal from any school of public health that focuses on public health practice. Easily accessed on the home page of the NWCPHP, this journal provides a network of linkages between regional public health practitioners and the UW School of Public Health and Community Medicine. The journal is published twice a year.
- The Northwest Public Health Leadership Institute enhances public health leadership skills and enriches the professional experience of the Northwest public health workforce. Scholars learn applied concepts and effective tools from experts and each other, widen their knowledge in public health competencies, and gain confidence in their leadership abilities.

As additional funds are obtained and the network undertakes larger research projects and translational activities, the outcomes of these efforts will continue to be disseminated via the juried public health literature and national conferences. Several members of the network already have a strong track record of publishing their practice-based research findings and presenting their work at national conferences.

## (7) SUSTAINABILITY

One of the Washington PBRN's primary functions will be to identify and obtain grant funds that address our key research questions. PHSKC intends to continue leading the PBRN beyond the original funding period and will earmark new grant funds for infrastructure support. After two years of working together, we anticipate that network costs will be reduced because the need for in person and web conferencing meetings will be lessened.

Collaborative identification of research questions and translation opportunities between researchers and public health practitioners will enrich research proposals already regularly being submitted by Washington PBRN members who currently do not

have the benefit of a formal network. Richer, more fundable proposals will contribute to the Washington PBRN sustainability through the establishment of additional grant funding and ongoing productivity.

An increasing awareness within the Northwest public health practice and research communities of the Washington PBRN activities and successes will also promote the PBRN sustainability. The uptake of research findings, the translation of research into practice, and successful participation in research activities will increase interest in and natural support of the network by policy-makers, practitioners, and funders. This support will facilitate, not only additional grant funding, but the inclusion of in-kind resources such as travel expenses, meeting spaces, communication mechanisms, student involvement, and personnel time.

## **APPENDICES**

Appendix A: Letters of commitment

Appendix B: RWJ Request for Project Support form

Appendix C: Biographies